

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

07

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 50

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	231911.27
(b) Cash on Hand at Beginning of Reporting Period	177512.01	
(c) Total Receipts (from Line 19)	56278.26	164302.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	233790.27	396214.16
7. Total Disbursements (from Line 31)	49567.61	211991.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	184222.66	184222.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38036.00	120261.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	17558.03	35474.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	55594.03	155735.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55594.03	155735.23
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	684.23	2567.66
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56278.26	164302.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56278.26	164302.89

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	567.61	2591.50	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	567.61	2591.50	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	209000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	400.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49567.61	211991.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49567.61	211991.50	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	55594.03	155735.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55594.03	155735.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	567.61	2591.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	684.23	2567.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-116.62	23.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christine S Albrecht, MD

Mailing Address Lakewood Clinic - Staples
49725 County Rd 83

City State Zip Code
Staples MN 56479-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakewood Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743600

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Catherine Andrews, MD

Mailing Address 3825 Cherokee St NW

City State Zip Code
Kennesaw GA 30144-2085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: C734734

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Mary Ankers, MD

Mailing Address 616 Shamrock Dr

City State Zip Code
O Fallon IL 62269-7509

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741389

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Antalis, MD

Mailing Address 1114 Professional Blvd

City

Dalton

State

GA

Zip Code

30720-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.F.P.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C736739

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Brian S Bacak, MD

Mailing Address 9832 Florence Pl

City

Highlands Ranch

State

CO

Zip Code

80126-3559

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743567

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mary Laura Bean, MD

Mailing Address Ste 200
632 Morrison Springs Rd

City

Chattanooga

State

TN

Zip Code

37415-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743595

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy Michael Beittel, MD

Mailing Address 612 Cody Dr

City

Thomasville

State

NC

Zip Code

27360-9674

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACT Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735965

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Sandra B Benckendorf, MD

Mailing Address 118 Westshore Dr

City

Morton

State

IL

Zip Code

61550-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Koch Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735963

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Neil Hurst Brooks, MD

Mailing Address 36 Duncaster Ln

City

Vernon Rockville

State

CT

Zip Code

06066-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737440

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Ellen Buenconsejo-Lum, MD

Mailing Address Univ of HI - Dept Fam Practice
95-390 Kuahelani Ave

City Mililani State HI Zip Code 96789-1192

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Hawaii

Occupation
Family Medicine Residency Program Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735506

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kathy P Cairo, MD

Mailing Address 5236 Tendilla Ave

City Woodland Hills State CA Zip Code 91364-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northridge Hospital Medic-
al Center

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743646

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ann Marie Marie Campione, MD

Mailing Address Specialty Health Clinic
350 W 6th St Ste D2

City Reno State NV Zip Code 89503-4543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Specialty Health Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C740046

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles J Carter, Jr MD

Mailing Address 3209 Colonial Dr
Dept of Family Medicine

City State Zip Code
Columbia SC 29203-6930

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of South Carol-
ina

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735606

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Baretta R Casey, MD

Mailing Address 171 Cedar Hills Dr

City State Zip Code
Pikeville KY 41501-8704

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky Co-
llege of Medi

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736683

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Frank M Castillo, MD

Mailing Address 2750 W North Ave

City State Zip Code
Chicago IL 60647-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Family Health Center

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Po-Shen Chang, MD

Mailing Address 139 Monticello Dr

City

Longview

State

WA

Zip Code

98632-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Permanente

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737427

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark A Crissman, MD

Mailing Address 214 E Elm St

City

Graham

State

NC

Zip Code

27253-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crissman Family Practice

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741409

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dan F Criswell, MD

Mailing Address RR 3 Box 172

City

Comanche

State

OK

Zip Code

73529-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma Health Science

Occupation
Medical Doctor - Residency Program Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737483

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prime Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 9

Transaction ID: C740986

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Pamela M Davis, MD

Mailing Address Northridge Family Practice
18406 Roscoe Blvd

City

Northridge

State

CA

Zip Code

91325-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northridge Hospital Medic-
al Center

Occupation
Physician - Residency Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735605

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pamela M Davis, MD

Mailing Address Northridge Family Practice
18406 Roscoe Blvd

City

Northridge

State

CA

Zip Code

91325-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northridge Hospital Medic-
al Center

Occupation
Physician - Residency Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C739935

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Richard Field, MD

Mailing Address 2021 W Harbor Dr

City

Bismarck

State

ND

Zip Code

58504-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer
medcenterone

Occupation
md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C740999

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeremy M Fish, MD

Mailing Address Contra Costa Reg Med Ctr
2500 Alhambra Ave

City

Martinez

State

CA

Zip Code

94553-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer
CCHSD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736715

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lynn R Fisher, MD

Mailing Address 3103 Thunderbird Dr

City

Hays

State

KS

Zip Code

67601-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lifeline Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741571

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741376

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Edward M Friedler, MD

Mailing Address 4905 Tarheel Way

City

Annandale

State

VA

Zip Code

22003-4460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Annandale Family Medicine
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745724

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Hui-Ning Fung, MD

Mailing Address 1691 NE 64th Ave

City

Hillsboro

State

OR

Zip Code

97124-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 9

Transaction ID: C736839

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan J Gallo, MD

Mailing Address HC 30 Box 8180

City

State

Zip Code

Miles City

MT

59301-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C743780

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 209 Woodfall Dr

City

State

Zip Code

Waco

TX

76712-7604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2502.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: C740441

Amount of Each Receipt this Period

417.00

C.

Full Name (Last, First, Middle Initial)

Bob Arvid Grubbs, MD

Mailing Address 9817 Farmington Rd

City

State

Zip Code

Tuscaloosa

AL

35405-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745250

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1147.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Haden, MD

Mailing Address 6901 E Chauncey Ln
Apt 2045

City State Zip Code
Phoenix AZ 85054-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Arizona

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: C736825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Norma Louise Hedelund, MD

Mailing Address PO Box 171

City State Zip Code
Pompano Beach FL 33061-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735970

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Memorial Hospital

Occupation
Hospitalist physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: C737499

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott T Henderson, MD

Mailing Address 20 Old Farm Rd

City

Mason City

State

IA

Zip Code

50401-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center North
Iowa

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: C736821

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Creston C Herold, MD

Mailing Address West Shore Family Practice
6375 Mercury Dr Ste 200

City

Mechanicsburg

State

PA

Zip Code

17050-5282

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Shore Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743589

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Molly Galligan Hong, MD

Mailing Address 111 E Rhododendron Dr

City

Port Townsend

State

WA

Zip Code

98368-9414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Arthur James, MD

Mailing Address 01286-D PFP
200 Hawkins Dr

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C739858

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Richard H Jones, MD

Mailing Address Durney Medical Services, PLLC
106 W Howell Ave

City State Zip Code
Alexandria VA 22301-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Dynamics

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745254

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory King, MD

Mailing Address 1120 Vail Rd

City State Zip Code
Bennington VT 05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Care Health Partners

Occupation
Partner physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: C740969

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Darrel King, MD

Mailing Address 1456 High School Rd

City

Selmer

State

TN

Zip Code

38375-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	9	

Transaction ID: C737426

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Larry W Kipe, MD

Mailing Address PO Box 1576

City

Craig

State

CO

Zip Code

81626-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	9	

Transaction ID: C737508

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	9	

Transaction ID: C745602

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John John Lentini, DO

Mailing Address Braintree Fam Phys Inc
382 Grove St

City Braintree State MA Zip Code 02184-7398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braintree Fam Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C739929

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 2316 Lakeview Dr

City Fergus Falls State MN Zip Code 56537-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: C743933

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Randall L Longenecker, MD

Mailing Address 308 E Williams Ave

City Bellefontaine State OH Zip Code 43311-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736711

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Ashley Lynch, MD

Mailing Address 120 N Shore Dr

City

Bellingham

State

WA

Zip Code

98226-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care NetworkOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	9	

Transaction ID: C737503

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Gregory Lyon-Loftus, MD

Mailing Address 6155 Anthony Hwy
PO Box 369

City

Mont Alto

State

PA

Zip Code

17237-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAFPOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	9	

Transaction ID: C745609

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Michele C Marler, MD

Mailing Address 122 10th Ave S

City

Shelby

State

MT

Zip Code

59474-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	9	

Transaction ID: C736695

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Merna K Matilsky, MD

Mailing Address 22240 Hollyhock Trl

City

Boca Raton

State

FL

Zip Code

33433-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741404

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Timothy R McCurry, MD

Mailing Address 1420 Garden St

City

Park Ridge

State

IL

Zip Code

60068-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurrection Medical Cent-
er

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736742

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David A McInnes, MD

Mailing Address St Vincent Family Medicine Ctr
2627 Riverside Ave

City

Jacksonville

State

FL

Zip Code

32204-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. VINCENT'S MEDICAL CEN-
TER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736678

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Amy McIntyre, Student

Mailing Address 80 Hemlock Ave

City

Cranston

State

RI

Zip Code

02910-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Student

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C740048

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Marianne A McKennett, MD

Mailing Address 5532 Ladybird Ln

City

La Jolla

State

CA

Zip Code

92037-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California
San Diego

Occupation

Family Medicine Residency Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: C736824

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Howard C McMahan, MD

Mailing Address 361 Cargile Rd
PO Box 779

City

Ocilla

State

GA

Zip Code

31774-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 9

Transaction ID: C740981

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741370

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard Earl Melcher, MD

Mailing Address 3594 Pebble Beach Dr

City

Augusta

State

GA

Zip Code

30907-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-County Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735947

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lloyd Michener, MD

Mailing Address Duke University Medical Ctr
Box 2914

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University Medical
Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743610

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charley Anthony Michieli, MD

Mailing Address 2536 W Overton Ridge Pl

City

Tucson

State

AZ

Zip Code

85742-8256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allied Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: C737938

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address 9422 Briarwick Ln

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Healthcare System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: C743932

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City

Spokane

State

WA

Zip Code

99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Services Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741374

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carl G Morris, MD

Mailing Address 4261 Whitman Ave N

City

Seattle

State

WA

Zip Code

98103-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Permanente

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736803

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Nolte, MD

Mailing Address 9220 Lake Otis Pkwy
Hillside Family Medicine, LLC

City

Anchorage

State

AK

Zip Code

99507-4249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed - Hillside
Family Medici

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: C743760

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Noreen Ellen O'Shea, DO

Mailing Address 4343 Far Hills Rd

City

Sioux City

State

IA

Zip Code

51104-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion County Health Foun-
dation

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736689

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: C743931

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Dewayne Parrott, MD

Mailing Address PO Box 389

City

Okeene

State

OK

Zip Code

73763-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okeene Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737428

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David C Rau, MD

Mailing Address 4232 N Riverside Dr

City

Columbus

State

IN

Zip Code

47203-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rau Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul J Reiss, MD

Mailing Address Evergreen Family Health
28 Park Ave

City State Zip Code
Williston VT 05495-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Family Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735980

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address UW Hth Fox Vly Fam Medicine
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of WI School
of Med. & Pub.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: C743929

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Susan J Robertson, MD

Mailing Address 1420 W Midway Blvd

City State Zip Code
Broomfield CO 80020-2090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Broomfield Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735962

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kurt A Rosenkrans, MD

Mailing Address 2501 Pierce St

City

Sioux City

State

IA

Zip Code

51104-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Siouxland Medical Educati-
on Foundation

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735505

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Shirley Uhl Salvatore, MD

Mailing Address Southern Colorado F Med
1008 Minnequa Ave

City

Pueblo

State

CO

Zip Code

81004-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary Corwin Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745725

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Health, Grant Medical
Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: C742147

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dennis F Saver, MD

Mailing Address 1265 36th St

City

Vero Beach

State

FL

Zip Code

32960-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCTC

Occupation

family physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: C744225

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Grover Schleifer, MD

Mailing Address 702 Sherrill St # B

City

Union City

State

TN

Zip Code

38261-5891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743684

Amount of Each Receipt this Period

219.00

C.

Full Name (Last, First, Middle Initial)

Ramona G Seidel, MD

Mailing Address 510 Pride Of Baltimore
Ste 3

City

Arnold

State

MD

Zip Code

21012-1990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736693

Amount of Each Receipt this Period

730.00

SUBTOTAL of Receipts This Page (optional)

1314.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Niranjan M Selvarajah, MD

Mailing Address 111 Willow Meadow Way

City

Oneida

State

NY

Zip Code

13421-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oneida Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741506

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Michael Sevilla, MD

Mailing Address Family Practice Ctr of Salem
2370 Southeast Blvd

City

Salem

State

OH

Zip Code

44460-3498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center of
SalemOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737432

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizons Diagnostics LLCOccupation
Family Doc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: C742144

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Katy M Sheridan, MD

Mailing Address PO Box 4136

City

Soldotna

State

AK

Zip Code

99669-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

family doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C741877

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Linda Peck Shields, MD

Mailing Address PO Box 217

City

Riverside

State

WA

Zip Code

98849-0217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wenatchee Valley Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743587

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735465

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Todd A Thames, MD

Mailing Address Christus Santa Rosa
333 N Santa Rosa Ave

City State Zip Code
San Antonio TX 78207-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Santa Rosa Health
Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: C743930

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Sara Ducharme Thompson, MD

Mailing Address 125 16th Ave E

City State Zip Code
Seattle WA 98112-5211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Permanente

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736801

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dennis Duane Tietze, MD

Mailing Address 600 SW Jewell Ave

City State Zip Code
Topeka KS 66606-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735978

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Raymond R Walker, MD

Mailing Address 4130 Persimmon Hill Cv

City

Bartlett

State

TN

Zip Code

38135-5175

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: C740965

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Daniel A Walters, MD

Mailing Address 2304 E County Road 950 N

City

Seymour

State

IN

Zip Code

47274-9115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caring Family Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735961

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Pamela Weaner, MD

Mailing Address 11 Colonial Dr

City

Jonestown

State

PA

Zip Code

17038-9256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fredericksburg Community

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745255

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jane A Weida, MD

Mailing Address 1011 Handsome Pl

City

Lititz

State

PA

Zip Code

17543-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: C743934

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mary Jo Welker, MD

Mailing Address 2231 N High St
OSU-Rardin Family Practice Ctr

City

Columbus

State

OH

Zip Code

43201-4153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C735948

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Joseph Witt, MD

Mailing Address Lake City Clinic Mayo
500 W Grant St

City

Lake City

State

MN

Zip Code

55041-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743603

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: C734722

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul E Wright, MD

Mailing Address 1513 Morning Star

City

Edmond

State

OK

Zip Code

73034-6549

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Anthony Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 9

Transaction ID: C736840

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joni S Zapata, MD

Mailing Address 9000 Vanalden Ave
Unit 102

City

Northridge

State

CA

Zip Code

91324-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northridge Family Practice

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: C736541

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

38036.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 50

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2567.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: C735667

Amount of Each Receipt this Period

250.90

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2567.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C743779

Amount of Each Receipt this Period

433.33

SUBTOTAL of Receipts This Page (optional)

684.23

TOTAL This Period (last page this line number only)

684.23

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D87462 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>17.88</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D87464 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>6.50</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D87466 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>6.50</div>

SUBTOTAL of Disbursements This Page (optional) ►

30.88

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D87468 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	9													
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">18.53</td> </tr> </table>	18.53																			
18.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D87470 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	9													
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.88</td> </tr> </table>	4.88																			
4.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D87471 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	9													
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">1.01</td> </tr> </table>	1.01																			
1.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

24.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D87472 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee	<table border="1"> <tr> <td>16.25</td> </tr> </table>	16.25																			
16.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D87473 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee	<table border="1"> <tr> <td>11.38</td> </tr> </table>	11.38																			
11.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D87476 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee	<table border="1"> <tr> <td>39.81</td> </tr> </table>	39.81																			
39.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

67.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D87477 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>0.99</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D87480 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>6.50</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D86941 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>9.29</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

16.78

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D86943

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

42.25

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D86944

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

12.51

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D86945

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

12.19

SUBTOTAL of Disbursements This Page (optional)

66.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D86946

Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

345.33

B.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank excessive transaction fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D87483

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

4.05

C.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D86947

Date of Disbursement

06 / 02 / 2009

Amount of Each Disbursement this Period

11.76

SUBTOTAL of Disbursements This Page (optional)

361.14

TOTAL This Period (last page this line number only)

567.61

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DONNA CHRISTENSEN CAMPAIGN

Mailing Address 417 New Jersey Ave SE

City
Washington

State
DC

Zip Code
20003-4007

Purpose of Disbursement
Campaign contribution

Candidate Name
Del. Donna M. Christensen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VI District: 00

Transaction ID: D86895

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Mailing Address 607 14th St NW
Ste 800

City
Washington

State
DC

Zip Code
20005-2005

Purpose of Disbursement
Campaign contribution

Candidate Name
NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D86887

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

BILL CASSIDY FOR CONGRESS

Mailing Address 3482 DRUSILLA LANE SUITE 1

City
BATON ROUGE

State
LA

Zip Code
70809

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Bill Cassidy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D86885

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HALVORSON FOR CONGRESS

Mailing Address PO Box 176

City
Crete

State
IL

Zip Code
60417

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Deborah L. Halvorson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D86894

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

BOYD FOR CONGRESS

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. F. Allen Boyd, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: D87173

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City
Concord

State
CA

Zip Code
94524

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. George Miller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Transaction ID: D87176

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jim Clyburn Campaign Committee

Mailing Address PO Box 12567

City State Zip Code
Columbia SC 29211

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. James Clyburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: D86875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JOHN LEWIS FOR CONGRESS

Mailing Address 2015 Wallace Rd.

City State Zip Code
Atlanta GA 30331

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: D86886

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address 236 Massachusetts Ave NE

City State Zip Code
Washington DC 20002-4980

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John S. Tanner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: D86874

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D86879

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARTIN HEINRICH FOR CONGRESS

Mailing Address 2118 CENTRAL AVENUE SE

City
Albuquerque

State
NM

Zip Code
87106

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Martin Heinrich

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: D86893

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Mike Ross

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: D87172

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: D86870 Date of Disbursement
Mailing Address P.O. Box 425	<div> <div>06</div> <div>12</div> <div>2009</div> </div>
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>2500.00</div>
Candidate Name Rep. Tom Price	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE	Transaction ID: D86881 Date of Disbursement
Mailing Address PO Box 1500	<div> <div>06</div> <div>12</div> <div>2009</div> </div>
City Chico State CA Zip Code 95927	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution	<div>1000.00</div>
Candidate Name Rep. Wally Herger	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Republican MainStreet Partnership PAC	Transaction ID: D86883 Date of Disbursement
Mailing Address 1220 L St NW Ste 100-263	<div> <div>06</div> <div>12</div> <div>2009</div> </div>
City Washington State DC Zip Code 20005-4018	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>2500.00</div>
Candidate Name Republican MainStreet Partnership PAC	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) NELSON 2006	Transaction ID: D86872
Mailing Address PO BOX 8666	Date of Disbursement
City OMAHA State NE Zip Code 68108	<div> <div>06</div> <div>12</div> <div>2009</div> </div>
Purpose of Disbursement Campaign contribution	Amount of Each Disbursement this Period
Candidate Name Sen. Ben Nelson	2500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: D86884
Mailing Address PO BOX 3197	Date of Disbursement
City LITTLE ROCK State AR Zip Code 72203	<div> <div>06</div> <div>12</div> <div>2009</div> </div>
Purpose of Disbursement Campaign contribution	Amount of Each Disbursement this Period
Candidate Name Sen. Blanche L. Lincoln	2500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: D86896
Mailing Address 509 MADISON AVE SUITE 1902	Date of Disbursement
City NEW YORK State NY Zip Code 10022	<div> <div>06</div> <div>12</div> <div>2009</div> </div>
Purpose of Disbursement Campaign contribution	Amount of Each Disbursement this Period
Candidate Name Sen. Charles E. Schumer	2500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

49000.00